

## Jenkins Couples & Family Therapy

### Demographic & Background Information

<b>Personal Information:</b>								
First name		Middle initial		Last name		Today's date		
Street address		City		State		Zip	Home phone	Cell Phone
							Ok to leave message? Yes / No	OK to leave message? Yes / No
Birth date	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female				Employer Name		Business phone:	
Occupation					Religion (optional)			
List present or previous health problems					List any medications or herbal supplements you are currently taking			
Education completed:		Number of marriages (including current):		Current years of marriage or being in a committed relationship:		Email:		

<input type="checkbox"/> Spouse/partner					<input type="checkbox"/> Parent information if under 18			
First name		Middle initial		Last name		Today's date		
Street address		City		State		Zip	Home phone	Cell Phone
							Ok to leave message? Yes / No	OK to leave message? Yes / No
Birth date	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female				Employer Name		Business phone:	
Occupation					Religion (optional)			
List present or previous health problems					List any medications or herbal supplements you are currently taking			
Education completed:		Number of marriages (including current):		Current years of marriage or being in a committed relationship:		Email:		

Please list below all children from this or previous relationships:

Name	Age	Gender	Living with you?
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For office use only	
Date:	Client #